

SECTION A County/Provider Information

1. Date:		6. Provider Address:		10. Type of Contract:	<input type="checkbox"/> In-County Contract
2. County Name:		City/State/Zip:			<input type="checkbox"/> County Operated
3. Provider Name:		7. Telephone No.:	( )		<input type="checkbox"/> Out-of-County Contract
4. Provider ID No.:		8. Fax No.:	( )	11. Reporting Period:	
5. Contact Person:		9. E-mail Address:		<input type="checkbox"/> 1 <sup>st</sup> Quarter	<input type="checkbox"/> 2 <sup>nd</sup> Quarter <input type="checkbox"/> 3 <sup>rd</sup> Quarter <input type="checkbox"/> 4 <sup>th</sup> Quarter

SECTION B Program Information

1. Program Status Please check the appropriate box. ☐ New Program - Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Existing Program

2. Program Description Please provide a description of the program that details the primary prevention services being delivered.

3. ADP Negotiated Net Amount Contract Prevention Business Practices:

Please check all the boxes that apply.

	Yes	No
(a) <u>Assessment of Needs with Data:</u> Do you, through the use of data relevant to specific communities, identify at risk and under-served populations and their environmental risks related to alcohol and other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <u>Prioritize &amp; Commit to Purpose:</u> . Do you, through local or regional advisory bodies (coalitions), establish prevention priorities for the assessed needs; provide a sound validation for the selection of priorities and identify the benefits; and provide evidence that identified priorities and desired outcomes are culturally relevant to priority populations?	<input type="checkbox"/>	<input type="checkbox"/>
(c) <u>Determine Outcome Objectives &amp; Measurements.</u> Do you establish the desired goal/outcome, objectives, and actions using well-defined terms; determine the “who, what, where, when and how” that will attain these; and specify how prevention actions will be measured to monitor interim and final results?	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Proven Prevention Strategies:</u> Do you select prevention activities/services based on identified theories or practices supported by evaluation/research evidence that substantiates these actions are, or promise to be, effective for attaining the desired outcome and select or adapt actions to assure they are culturally relevant to the intended populations and communities?	<input type="checkbox"/>	<input type="checkbox"/>
(e) <u>Evaluate Measured Results &amp; Improve:</u> Do you use goal and objective measurements to assess steps toward achieving the desired outcome as well as the final results and apply this data to continuously refine, strengthen, and sustain the prevention effects?	<input type="checkbox"/>	<input type="checkbox"/>

4. Accessibility

Please check all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing

☐ (b) Mobility

☐ (c) Vision

☐ (d) Speech

☐ (e) Mental

☐ (f) Developmental

☐ (g) Other (specify) \_\_\_\_\_

5. Strategies Delivered

Please check the boxes that coincide with the strategy forms that will be completed.

☐ (1) Information Dissemination (ADP 7235B)

☐ (2) Education (ADP 7235C)

☐ (3) Alternatives (ADP 7235D)

☐ (4) Problem Identification & Referral (ADP 7235E)

☐ (5) Community-Based Process (ADP 7235F)

☐ (6) Environmental (ADP 7235G)